U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440. VS DOL

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Labor Organization File Number OOOO/2 P.O. Box, Bldg., Room No., if any P.O. Box, Building and Room Number, if any Street 555 NEW JERSEY AVE NW Street 555 NEW JERSEY AVE NW City WASHING-TON City WASHING-TON	E DPOP	
3. Name and address of parson filing. A mame, if an umber, and address of labor organization. Name RACHEL	1. File Number U 15024	2. Fiscal Year Covered From:
Name RACHEL DROWN Name American Federation of Teacher Labor Organization File Number COOO/62 P.O. Box, Bidg., Room No., If any P.O. Box, Bidging and Room Numbor, If any Street 555 New Jersey Ave Nw Street 555 New Jersey Ave Nw City WASHINGTON City WASHINGTON State DC ZIP Code +4 ZOOO State DC ZIP Code +4 ZOOO 5. Position in labor organization. Sen i or Associate, Research Dept Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Hold an interest in, engaged in transactions (including loans) with, or derived income or other conomic benefit of monoratory value from an employer whose employees your organization represents or is actively seeking to represent. 5. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any	The country and the	01 / 01 / 2004 Through: [2 / 3] / 2004
Labor Organization File Number COOOTA P.O. Box, Bidg., Room No., If any Street 555 New Jersey Are Nw Street 555 New Jersey Are Nw City WASHING-TON State DC ZIP Code +4 2000 Enter appropriate data bolow if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monotatry value from an employer whose employees your organization represents or is actively seeking to represent. A. Name Trade Name, if any P.O. Box, Bidg., Room No., if any T.a. Nature of interest, Transaction, or income. Street Signature Signature 15. Signature and verification. The underrigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Street 555 NEW JERSEY AVE NW Street 555 NEW JERSEY AVE NW City WASHING-TON State DC Tensel an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization or organization or presents or is actively seeking to represent or is actively seeking to represent. 7.a. Nature of interest, Transaction, or Income. Street Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned skinowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	Name RACHEL DROWN	Name American Federation of Teachers
Street 555 NEW JERSEY AVE NW Street 555 New Jersey Ave NW City WASHING-TON State DC ZIP Code +4 2000 State DC ZIP Code +4 2000 S. Position in labor organization. Sen i or Associate, Responsibility of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any. P.O. Box, Bldg, Room No., if any T.b. Amount, Street ZIP Code +4 Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's providing and belief, true, correct, and complete. (See the section on penalties in the instructions.)		Labor Organization File Number COOOLS
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State DC	Street 555 NEW JERSEY AUG NW	Street 655 New Jersey Ave NW
State DC ZIP Code +4 2000 Z	CITY WASHINGTON	City, WASHINGTON
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to control from the control of the c	submitted in this report (including the information contained in any accompany	ring documents), has been examined by the signatory and is, to the best of the
	Signed (QD Par) All Maria	18/15/N 1900/000 11/22

Name of Person Filing RACHEL DROWN	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing.	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	
	12.b. Amount.	
	12.0.7 WOOTA.	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name K and R InduStrics Trade Name, if any: P.O. Box, Bldg., Room No., if any	14.a. Nature of payment. Purchased dinner at Tony's Restaurant in St. Louis Mo H/22/2004	
Street 14110 Sully Field Carcle City CHANTILLY State VA ZIP Code +4 20151		

14.b. Amount of payment.

13.b. Is the Business an Employer

or Consultant

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